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Application Number	10/055,289
Filing Date	01/23/2002
First Named Inventor	Gavin Clarkson
Title	Method for Deriving Optimal Income
Art Unit	3691
Examiner Name	Muriel S. Tinker
Attorney Docket Number	017078.000003

I hereby revoke all previous powers of attorney given in the above-identified application.

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ROBERT C. CURFISS	26540

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	8/7/07
Name	GAVIN CLARKSON	Telephone	832-573-1442
Title and Company	INVENTOR		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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